



## INSURANCE VERIFICATION FORM

Insurance Company name:

Insurance Co. phone number:

Policy holder's First and Last Name:

ID listed on card:

Policy holder's Date of Birth (mm/dd/yy):

Patient Name:

Relationship to policy holder (same or spouse):

Your Email Address:

Your Daytime Phone:

\*As an alternative, you can email me a photocopy your insurance card (front and back), along with your name and date of birth.

### **A Note About Insurance:**

Verification of insurance does not guarantee coverage of acupuncture benefits.  
Description of benefits is not an authorization or guarantee of payments.

You are financially responsible for all services/treatments rendered when your insurance denies coverage.

Your insurance company may deny coverage for certain diagnosis or dates of service.

We advise that you become fully aware of your insurance benefits and stay proactive in communicating directly with your insurance company when this occurs.